SECOND REPORT
1924-1925

THE NATIONAL COUNCIL
FOR
MENTAL HYGIENE
(INCORPORATED)

Registered Office:
Room 55, Windsor House, Victoria Street,
LONDON, S.W.1.
(Telephone Victoria 5907)

THE COMMITTEE.

Chairman: Sir Courtauld Thomson, *K.B.E.*, *C.B.*

Honorary Treasurer: The Rt. Hon. Lord Southborough, *G.C.B.*, *G.C.M.G.*, *G.C.V.O.*, *K.C.S.I.*

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Dr. C. Hubert Bond, *C.B.E.*, D.SC., F.R.C.P.
Dr. A. Helen Boyle, L.R.C.P., AND S. EDIN.
Dr. Edwin Bramwell, F.R.C.P., F.R.S. EDIN.
Professor Cyril Burt, M.A., D.SC.
Dr. Edward Farquhar Buzzard, M.A., F.R.C.P.
Dr. James Chambers, M.A.
The Rt. Hon. The Countess of Chichester.
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Sir Maurice Craig, *C.B.E.*, M.A., M.D., F.R.C.P.
The Hon. Lady Darwin.
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Sir Walter Morley Fletcher, *K.B.E.*, M.A., D.SC., M.D., F.R.C.P.
Miss Evelyn Fox.
The Hon. Mrs. Franklin.
William Clarke Hall, B.A.
Dr. Bernard Hart, F.R.C.P.
Dr. Henry Head, M.A., F.R.C.P., F.R.S.
Miss Gordon Holmes.
The Rt. Rev. A. F. W. Ingram, *K.C.V.O.*, D.D., LL.D (The Lord Bishop of London).
Dr. Hamilton C. Marr, F.R.F.P.S. GLASG.
Dr. H. Crichton Miller, M.A.
Sir Frederick W. Mott, *K.B.E.*, LL.D., M.D., F.R.C.P., F.R.S.
Professor C. S. Myers, *C.B.E.*, M.A., D.SC., M.D., F.R.S.
Sydney Nevile, Esq.
M. J. Nolan, L.R.C.P., AND S. IREL.
Dr. Bedford Pierce, F.R.C.P.
Dr. W. A. Potts, M.A., M.R.C.S., L.R.C.P.
The Rt. Hon. Lord Riddell.
Professor George M. Robertson, M.D., F.R.C.P. EDIN.
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Professor G. Elliott Smith, M.A., LITT.D., M.D., F.R.C.P., F.R.S.
Miss Ethel D. Vickers.
Dr. D. Chalmers Watson, F.R.C.P. EDIN.
Sir Frederick J. Willis, *K.B.E.*, *C.B.*
R. Worth, O.B.E., M.R.C.S., L.R.C.P.

EXECUTIVE COMMITTEE.

The Chairman. The Honorary Treasurer. The Joint Hon. Secretaries.

Dr. C. Hubert Bond.
Dr. A. Helen Boyle.
Professor Cyril Burt.
Dr. E. Farquhar Buzzard.
Sir Maurice Craig.
Miss Evelyn Fox.
Dr. Bernard Hart.
Dr. Henry Head.
Dr. C. S. Myers.
Dr. W. A. Potts.
Professor George M. Robertson.
R. Worth, Esq.

Hon. Solicitors: Messrs. Charles Russell & Co.

Hon. Auditors: Messrs. Blackburns, Barton, Mayhew & Co.

Secretary: Miss Norah M. Eyre.

Bankers: Westminster Bank, Ltd., 62, Victoria Street, London, S.W.1.

SUB-COMMITTEES.

The Officers of the Council are "ex-officio" members of all Committees.

SUB-COMMITTEE (For Propaganda and Collecting Funds).

Dr. A. Helen Boyle.
Dr. E. Farquhar Buzzard.
Sir Maurice Craig.
Miss Evelyn Fox.
Dr. Bernard Hart.
Sydney Nevile, Esq.

SUB-COMMITTEE No. 1.

(On the Prevention and Early Treatment of Mental Disorders).

Sir Maurice Craig (*Chairman*).
Dr. A. Helen Boyle (*Hon. Secretaries*).
Miss Evelyn Fox
Dr. Doris Odlum (*Hon. Assistant Secretary*).
Professor Cyril Burt.
Dr. E. Farquhar Buzzard.
The Countess of Chichester.
The Hon. Lady Darwin.
Dr. H. E. Davison.
Miss E. M. Fox.
The Hon. Mrs. Franklin.
Dr. Edwin Goodall.
Miss J. Halford.
Dr. Bernard Hart.
Dr. Henry Head.
Miss Gordon Holmes.
The Countess of Listowel.
Dr. E. Mapother.
Dr. John T. McCurdy.
Dr. H. Crichton Miller.
Sir F. W. Mott.
Sydney Nevile, Esq.
Dr. Bedford Pierce.
Dr. J. G. Porter Phillips.
Dr. W. A. Potts.
Sir Humphry Davy Rolleston.
Dr. T. A. Ross.
Dr. W. Dallas Ross.
Dr. D. Chalmers Watson.

SUB-COMMITTEE No. 2.

(For the Care, After-Care and Treatment of the Insane).

Dr. R. Worth (*Chairman*).
Dr. F. H. Edwards (*Hon. Secretary*).
Mrs. Barnes.
Dr. R. H. Cole.
Dr. H. Devine.
Dr. T. S. Good.
Dr. Bernard Hart.
The Countess of Listowel.
Dr. Hamilton C. Marr.
Dr. M. J. Nolan.
Dr. J. G. Porter Phillips.
Lord Riddell.
Professor George M. Robertson.
Miss Ethel D. Vickers.
Dr. D. Chalmers Watson.

SUB-COMMITTEE No. 3.

(On Mental Deficiency, Crime, etc.)

Dr. W. A. Potts (*Chairman*).
Dr. H. Freize Stephens (*Hon. Sec.*).
Professor Cyril Burt.
Miss Anne E. Cummins.
Major Leonard Darwin.
Mrs. Fitz-Adam-Ormiston.
Miss Evelyn Fox.
William Clarke Hall, Esq.
Dr. E. A. Hamilton-Pearson.
Dr. Neill Hobhouse.
Miss C. A. Nevile.
Dr. F. C. Shrubsall.

AIMS AND OBJECTS OF THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

The activities of the National Council established in Great Britain embraces among others the following objects :—

(1) The improvement of the mental health of the community. This involves a closer and more critical study of the social habits, industrial life, and environments of the people, with a view to eradicating those factors which lead to mental ill-health and unhappiness, and the education of the public in all matters which militate for and against good mental health.

(2) The study of the causes underlying congenital and acquired mental defect and disorder, with a view to their prevention. To further this, the Council will promote scientific investigation by competent workers.

(3) To secure a more important position for the study of psychiatry in the medical curriculum, and the closer association of psychiatry with general medicine ; to further the establishment of special clinics and out-patient departments for the early treatment of mental disorders ; to raise the standard of care and treatment in the public mental hospitals and to remove legal formalities which tend to postpone the effective treatment of cases of mental disorder in their early stages, or to divorce the treatment of mental disorders from other diseases. By combating the prevailing ignorance and superstition regarding the true nature of mental disorder, it hopes to assist in removing the stigma which handicaps the future welfare of those who have been thus afflicted.

(4) The study of criminality, dependency, vagrancy, and prostitution, in so far as they are failures of adjustment by reason of mental disorder or defect. The Council will further investigate the extent to which expert medico-psychological examination of persons charged with crime can be of help in elucidating the problem of habitual criminality.

(5) The study of mental hygiene of child-life in relation to education and parental responsibility.

(6) The Council hopes to be the liaison between all societies, associations, and other bodies interested in or concerned with mental hygiene, and so far as it can with advantage co-operate with them.

MEMBERSHIP.

(Extract from Articles of Association).

There shall be two classes of members, namely :—(a) Full Members, and (b) Associate Members.

1. A person desirous of becoming a member of the Association shall by notice in writing signify his desire to become a member, and shall in such notice state whether he desires to become a Full Member or an Associate Member, and if the Association shall approve such person as a member, his name shall thereupon be entered in the Register of Members of the Association (to be kept pursuant to Section 25 of the Companies (Consolidation) Act, 1908), as a Full Member or as an Associate Member as the case may be.

2. A Full Member shall pay an annual subscription of One guinea and an Associate Member shall pay an annual subscription of Five shillings.

3. Every new member shall pay the annual subscription appropriate to his class at the time when he gives notice of his desire to become a member.

4. The annual subscription shall (except as provided by Clause 3 hereof) be due and payable on the first day of January in each year.

5. Any member intending to withdraw from the Association shall signify his intention to do so in writing before the first day of January ; otherwise he shall pay his subscriptions for the current year, whether he shall have exercised or enjoyed any of the members' rights and privileges or not.

6. Only a Full Member shall be eligible to become a Member of the Committee.

7. Only Full Members shall be entitled to vote upon the election of Members of the Committee, each member shall have one vote and no more, whether on a show of hands or on a poll, and all votes shall be given personally.

Annual Report of the Council, 1924-1925.

In our first Report brief mention was made of the initial work of the Council, which consisted mainly of the framing of bye-laws in order to establish the working arrangements of the Council. Under the Articles of Association the affairs of the Council were left entirely in the hands of an elected Committee of Members with power to delegate all or any of its powers to subsidiary Committees.

It was felt that the General Committee, meeting as one body, could not conveniently undertake the work of the Council, and that the wide field covered by the aims and objects of the Council would call for the setting up of appropriate Sub-Committees composed of members with special knowledge and interest in the various sections of the Council's work.

Furthermore, the Council, to be truly National, should aim at embracing the whole country, and not be merely a Metropolitan body with its offices and meetings in London. It was necessary, therefore, to set up machinery for the formation of local branches in the provinces, which would ultimately become the roots of the Council and form a net-work of endeavour for the furtherance of mental hygiene throughout the country, bringing the influence of the Council into the homes of the people.

So far one local branch only has been founded, but efforts in this direction are being made in other districts.

Bye-laws defining the duties and responsibilities of the various officers of the Council were also necessary.

We are glad to report that so far these bye-laws have proved admirable for the purpose for which they were framed, and the work of the Council has proceeded smoothly and efficiently.

Considerable spade-work has been done by the three Sub-Committees set up in accordance with the bye-laws, and their reports, which are now published (*vide* pp. 10—14) cover in a large measure the activities of the Council during the year.

Some record, however, is called for regarding the work of the Council as a whole, of its General and Executive Committees and of individual members.

MEETINGS.

The Second Ordinary General Meeting was held at the Rooms of the Federation of Medical and Allied Services, 12, Stratford Place, London, W.1., on Wednesday, September 24, 1924, at 5 p.m.

Two meetings of the Committee were held during the year, six of the Executive Committee, eleven of Sub-Committee No. 1, five of Sub-Committee No. 2, eleven of Sub-Committee No. 3,

and three of the Sub-Committee for Propaganda and Collecting Funds.

A Public Meeting took place at the Concert Hall at Liverpool on October 23, 1924, at 3-30 p.m., the Lord Mayor presiding. Unfortunately the meeting took place in the week before the General Election, and consequently the attendance was not as large as it might otherwise have been. The speakers were :—Sir Maurice Craig, Mr. J. G. Legge—ex-Director of Education, Canon C. E. Raven, and Miss Bevan. Sir Leslie Scott had hoped to be present but was unavoidably prevented.

At 5-30 p.m. there was a meeting for Teachers, which was well attended. The speakers were Mr. Dingwall Fordyce and Sir Maurice Craig. Much interest was shown and many questions asked.

On the following day Sir Maurice Craig addressed a meeting of medical men, about sixty being present.

Although no resolutions were put at any of the meetings, the opinion generally expressed was that there ought to be a branch of the Council in Liverpool, and this has since been formed. The Council would like to put on record how much they are indebted to Dr. W. Johnson for his work in organising the meetings and in connection with the formation of the Liverpool Branch.

Dr. Eleanor Kemp, First Vice-President, New York League of Mental Hygiene for Children, gave two lectures under the auspices of the Council to the Hospital Almoners' Association at Denison House, Vauxhall Bridge Road, London, S.W.

Dr. A. Helen Boyle has addressed various meetings during the year on behalf of the Council, among others : two at Leeds, one at Watford, one at Berkhampstead and one at Dorchester.

Dr. Doris Odlum has also addressed meetings at Ashford, and the Archbishops' Advisory Board Conference at Swanwick, she also spoke before the Rescue and Preventive Sectional Committee of the National Council of Women in London on *The Need for Early and Preventive Treatment of Mental Disorder.*

ROYAL COMMISSION ON LUNACY AND MENTAL DISORDERS.

On intimation being received from the Royal Commission on Lunacy and Mental Disorders that it would be pleased to hear evidence from the Council, the Executive Committee allotted the task of preparing précis of evidence to the appropriate Sub-Committees. These were later considered by the Executive Committee and combined in a single document, which was passed at the General Committee meeting held on April 23, 1925.

Evidence was given on behalf of the Council on May 22, 1925, by Dr. E. Farquhar Buzzard (Witness-in-Chief), Dr. H. Crichton Miller and Dr. Reginald Worth (*vide* p. 17).

NINTH INTERNATIONAL PRISON CONGRESS.

Dr. W. A. Potts, Dr. E. A. Hamilton-Pearson and Mr. W. Clarke Hall represented the Council at the Ninth International Prison Congress, held in London in August, 1925.

CRIMINAL ASSAULTS ON YOUNG PERSONS.

A Memorandum by Dr. W. A. Potts was presented on behalf of the Council to the Home Office Committee on *Criminal Assaults on Young Persons.* (*vide* p. 22).

SUB-COMMITTEE MEMORANDA.

We also publish the following Memoranda, which have been prepared in connection with the work of the Sub-Committees :—

Sub-Committee No. 1. *On the Treatment of Patients suffering from Neuroses, Psycho-Neuroses and Psychoses,* by the late Dr. R. G. Rows and Dr. W. Dallas Ross (*vide* p. 23).

Sub-Committee No. 3. *On the Probable Causes of Mental Defect and Suggestions for dealing with them,* by Dr. W. A. Potts and Dr. E. A. Hamilton-Pearson (*vide* p. 29).

The following Memoranda are still sub judice :—*On the Future Scientific Investigation of the Causes of Mental Defect,* by Dr. Neill Hobhouse and Dr. H. Frieze Stephens.

Idem by Dr. Neill Hobhouse, Dr. Hamilton-Pearson and Dr. H. Freize Stephens.

INTERNATIONAL CONGRESS.

The Council gave its adhesion to the proposal to hold an International Congress of Mental Hygiene Organisations in New York in 1926. Unfortunately the Committee in America, who are organising the Congress, have not as yet been able to arrange the financial details, so the project has had to be postponed.

CHANGES IN MEMBERSHIP.

At the beginning of the year there were 183 Full Members and 32 Associate Members.

During the year 15 Full Members and 2 Associate Members joined the Council.

The Council lost by resignation 14 Full Members and 7 Associate Members, and by death 3 Full Members.

The Council heard with much regret of the death of Dr. R. G. Rows, a prominent pathologist and psychiatrist and an original worker and teacher of great eminence. He had identified himself whole-heartedly with the aims and objects of the Council, and had devoted much time and energy to the work of Sub-Committee No. 1.

THE NEED FOR FURTHER FINANCIAL SUPPORT.

The income of the Council is barely sufficient to meet the everyday expenses of its Office and the clerical work in connection with meetings, etc., and the expansion, and possibly the survival of the Council's activities depends entirely on further financial support being forthcoming.

Funds are urgently needed to carry on the work of the Council in all its aspects. Among the more immediate projects are :—

(*a*) The appointment of a paid Medical Director.
(*b*) The publication of a monthly Bulletin.
(*c*) The broadcasting of Mental Hygiene literature.
(*d*) The organisation of popular lectures on subjects connected with Mental Hygiene.
(*e*) The holding of special meetings of the Council to hear papers, partake in discussions, etc.
(*f*) The preliminary financing of local branches.
(*g*) The organisation of research work, especially as regards the causes of mental deficiency.

Donations can be ear-marked for any special purpose within the aims and objects of the Council.

FINANCE, 1924—1925.

The Council again has to express its thanks to Dr. A. Helen Boyle for continuing to guarantee the rent of the Council's office.

The following have generously given sums of over £20 during the year :—

H. Aron, Esq.	£150	0	0
Mrs. Knowles (*In Memoriam* A.K.) ...	25	0	0

THE SECRETARIAT.

Many applications for advice have been received, both personally at the Offices of the Council and by letter chiefly in regard to the accommodation and treatment of cases of incipient insanity. Although medical advice could not be given, it has been possible, subject to the medical attendant's approval, to supply useful information as to the best course to be pursued to obtain the necessary care and treatment.

During the year, with the increasing activity of the Council, there has been a great increase in the clerical work of the Secretary. In addition to the routine correspondence it falls to her to type all the agendas, minutes and official correspondence of the Committees and various Sub-Committees. What this entails can be gathered from the Reports of these Committees. The Council feel fortunate in having obtained the services of a zealous and efficient Secretary who has shown herself entirely devoted to the welfare of the Council.

ACKNOWLEDGEMENTS.

The Council record their thanks to the Honorary Officers for their services during the year. Their labours are essential to the existence of the Council. More especially do the Council wish to express their gratitude to the Honorary Solicitors, Messrs. Charles Russell and Co., and to the Honorary Auditors, Messrs. Blackburns, Barton, Mayhew and Co.

In conclusion the Council feel that the year covered by this report has been satisfactory in so far that it has witnessed a considerable extension of its sphere of activities, and a steadily increasing recognition of its aims and objects by a wider public. Much more, however, remains to be done.

COURTAULD THOMSON,
Chairman.
JAMES LEATHAM BIRLEY,
JOHN R. LORD,
Joint Honorary Secretaries.

Reports of Sub-Committees for 1924-1925.

SUB-COMMITTEE No. 1.

On the Prevention and Early Treatment of Mental Disorder

Terms of Reference.

" To secure for Psychology and Psychiatry a position in the medical curriculum more commensurate with their importance and to further the closer association of Psychology and general medicine.

To combat the prevailing ignorance and superstition with which the laity regard mental disease. To educate medical students and nurses as to the true nature of mental disorder, and its intimate relationship to disorders of the body.

To further the establishment of clinics and out-patient departments for the early treatment of mental disorders, and to encourage social service in connection therewith.

To remove formalities and prejudices which tend either to postpone the effective treatment of mental disorder or to divorce its treatment from that of physical disease.

To encourage facilities for prophylactic treatment.

To study the mental hygiene of child life in relation to parental responsibility and education, and to emphasise the importance of a knowledge of psychology among school medical officers and teachers."

During the year the No. 1 Sub-Committee has met on the first Tuesday of each month at 87, Harley Street, under the Chairmanship of Sir Maurice Craig. Dr. Helen Boyle and Miss Evelyn Fox have acted as Honorary Secretaries to the Committee, and since November, 1924, Dr. Doris Odlum has acted as Honorary Assistant Secretary.

Questionnaires. During the year it was thought desirable to attempt to obtain information concerning the opportunities which now exist in the large hospitals of England, Scotland and Wales for the treatment of mental disorders, and for the tuition of medical students and nurses in these diseases.

To this end, three *questionnaires* were sent out. One, which was addressed to the Deans of *thirty-five* medical schools was replied to in *twenty-seven* instances. In *twenty-four* medical schools it was stated that students were instructed by means of lectures and/or by demonstrations and clinical experience. *Two* schools provide clinical clerkships and *one* school provides research laboratories and scholarships.

Thirteen schools hold only one course of lectures or demonstrations annually, and *one* school affords a course only in alternate years.

Twelve schools give post-graduate teaching, and in *half* of these students are permitted to partake.

On the whole, these figures go to show that the teaching bodies are becoming alive to the importance of the study of

mental disorders, though much remains yet to be done before the matter is dealt with as fully as its importance demands.

A second *questionnaire* was addressed to the Secretaries of *two hundred and thirty-seven* large hospitals and infirmaries. The replies received afforded the information that only *twenty* hospitals of those approached claimed to provide any special facilities for treating mental disorders. *Fourteen* of these provide an out-patient clinic, and *six* hospitals stated that patients were admitted to the wards as in-patients, though only *three* hospitals set aside beds specially allocated for the purpose. Such an analysis betrays only too clearly the utter inadequacy of arrangements as they now exist for the treatment of patients suffering from uncertified and uncertifiable mental disorders. Speaking of the huge majority of the population it may truly be said that there are indeed no facilities for treatment worth speaking of, and that practically nothing is done to relieve the great suffering which is associated with mental disorder until such time as the patient becomes certifiable and is sent to a mental hospital—a result which could and would be avoided in many cases if it were not for the present apathy in dealing with the situation.

A third *questionnarire* was sent to the Matrons of *three hundred and sixteen* hospitals and Poor Law infirmaries. Of these *twenty-five* replied that lectures on " functional nervous diseases " were given to nurses under training, and *twenty-one* stated that nurses obtained clinical experience in the nursing of such disorders. Only *two* hospitals reported that they had a system of reciprocity with mental hospitals for teaching or clinical instruction. In *one* infirmary all nurses in charge of wards have been previously trained at a mental hospital, while *thirty-four* hospitals reported that a proportion—ranging from 1% to 10%—of their nurses had had such previous training. *Eighteen* hospitals said that it was exceptional to have a mentally trained nurse on the staff. Only *one* hospital reported that there was an arrangement in existence for nurses trained at that hospital to be seconded to a mental hospital.

In *twenty-three* hospitals, nurses who have had previous training at a mental hospital are excused one year of the ordinary course of training for the general nursing certificate. It is perfectly apparent that something should be done to investigate the status of the mentally trained nurse, to make it easier for generally trained nurses to obtain mental experience, and conversely to secure general training for those who have previously received mental training. The two branches of the nursing profession would be required to be brought into closer association. It is apparent that the amount of tuition in the treatment of mental disorders which nurses receive during training is woefully below even the minimum which is desirable, especially having regard to the very large number of patients whose needs demand nursing of this very special description.

The Committee are indebted to Dr. H. E. Davison for having summarised the replies to the *questionnaires*.

Examination Questions. The papers set by the chief examining bodies of the British Isles in the final (qualifying) examinations for medical degrees for the years 1921-24 inclusive, were analysed with a view to ascertaining the proportion and type of questions set on the subject of functional nervous disorders and mental diseases.

Sixteen examining bodies were approached, comprising the leading universities and medical schools of the British Isles.

One hundred and thirty-eight sets of papers were analysed. It was found that :—

The University of Liverpool sets a special paper of *three* questions on mental diseases at each examination.

The University of Manchester also sets a special paper for the years 1921 and 1922, but subsequently discontinued it.

Excluding these special papers :—*One hundred and twenty-two* sets of papers were examined. In *one hundred and twenty-two* sets of papers *fifty-four* questions were asked on mental diseases—a percentage of 44.3 Of these *twelve* were purely legal and dealt with the formalities required for certification. *Two* were medico-legal, and *forty* medical. Eleven of these last dealt with the psychoses, *sixteen with* neurological conditions having a psychiatric bearing, *nine* being on the subject of general paralysis of the insane, and *four* on the encephalitis lethargica, while only four questions were asked on the neuroses.

Thus, excluding the legal and medico-legal questions, which numbered *fourteen*, there were only *forty* questions asked in *one hundred and twenty-two* sets of papers (of which practically a quarter were on the subject of general paralysis of the insane), making a percentage of 32.95. That is to say that just under *one* question in every *three* examinations was set on the subject of mental diseases proper.

Thus, some two-thirds of the medical students who qualified during the years 1921-24 were not required to show any knowledge whatever in their written papers on the subject of mental diseases.

The Committee are indebted to Dr. Doris M. Odlum for having prepared the analysis and summary of the examination papers.

Propaganda Pamphlet. The late Dr. R. G. Rows was asked to formulate the views of the Committee as to the "Treatment of Patients suffering from Neuroses, Psycho-Neuroses and Psychoses" in pamphlet form suitable for publication. Owing to the much lamented death of Dr. Rows before the completion of the pamphlet, Dr. Dallas Ross, who had been associated with him in drawing it up, was asked to finish it. The Committee is much indebted to him for having done so.

The Executive Committee decided that the pamphlet should be published. (*Vide* p. 23).

Royal Commission. A Special Sub-Committee consisting of Dr. Farquhar Buzzard *Chairman*, Dr. Helen Boyle *Hon. Secretary*, Sir Maurice Craig, Miss Evelyn Fox, Dr. Edward Mapother, Dr. Crichton Miller, Dr. T. A. Ross and Dr. Rows, was appointed to draw up a précis of the evidence to be given on the subjects within the terms of reference of No. 1 Sub-Committee before the Royal Commission on Lunacy and Mental Disorders, at the request of the Executive Committee. Dr. Farquhar Buzzard and Dr. Crichton Miller, selected from the members of No. 1 Sub-Committee, together with Dr. R. Worth, of No. 2 Sub-Committee, presented the evidence on behalf of the National Council before the Royal Commission on May 22, 1925. (*Vide* p. 17).

The Committee are confident that the valuable data obtained during the course of the year's work will prepare the way for practical results in the various important matters with which they deal.

MAURICE CRAIG, *Chairman.*
A. HELEN BOYLE, EVELYN FOX } *Hon. Secretaries.*

SUB-COMMITTEE No. 2.

The Care, After Care and Treatment of the Insane.

Terms of Reference.

"To study all questions connected with the care and treatment of patients in mental hospitals.

To raise the standard of general and medical education of all those engaged in nursing the insane.

To investigate the existing arrangements for visiting in Mental Hospitals, and to facilitate the organisation of After-Care.

To assist in removing the stigma which handicaps those who have been mentally afflicted.

To promote a closer liaison between the medical officers of mental hospitals and the general body of the profession."

Sub-Committee No. 2 held its first meeting on the 27 June, 1924.

It was decided that those matters in their reference relating to after-care should be primarily dealt with. The Sub-Committee has, consequently, met on several occasions, and much correspondence has been held with various Public Authorities, particularly the county and borough mental hospitals, relative to after-care and lay visitation. Much useful information has been received, but the general divergence of opinion makes it impossible for the Committee to send forward any recommendation which would be generally acceptable.

At a later date the Sub-Committee considered the evidence

to be given before the Royal Commission on Lunacy and Mental Disorders, and a Memorandum having been approved, it was sent forward for the consideration of the Executive Committee, and it was decided to nominate its Chairman, Dr. R. Worth, to give evidence on matters specially mentioned in this Memorandum.

R. Worth, *Chairman.*
F. H. Edwards, *Hon. Secretary.*

SUB-COMMITTEE No. 3.

Mental Deficiency, Crime, etc.

Terms of Reference.

"To study mental deficiency, its causes and prevention, and its relation to crime, dependency and prostitution.

To enquire into the working of the Mental Deficiency Act with a view to its amendment of revision."

Since the publication of its initial work in the Annual Report for 1923-1924, nine more meetings of this Sub-Committee have been held, making a total of eleven in all.

Enquiries have been made as to the institutional accommodation at present available for mental defectives, and it has been found that the accommodation available is totally inadequate.

Enquiries have also elicited the fact that the existing arrangements for the recognition and examination of mental defectives when they come before the Courts are far from satisfactory.

During the year the Home Office instituted a Committee " to collect information and to take evidence as to the prevalance of sexual offences against young persons, and to report upon the subject, indicating any direction in which, in their opinion, the law or its administration might be improved." To this Home Office Committee a Memorandum, prepared by the Sub-Committee, has been submitted by the Council embodying the views of the Council on this subject.

Complete information has been collected as to the facilities available for teaching in mental deficiency, and the Sub-Committee has in preparation a model scheme for a degree or diploma in mental deficiency, either *per se* or as part of a degree or diploma in psychological medicine.

A paper on the *Probable Causes of Mental Defect, together with suggestions for dealing with them*, by the Chairman of the Sub-Committee and Dr. E. A. Hamilton-Pearson, has been approved of by the Committee. (*Vide* p. 29).

A scheme for the future investigation of the causes of mental defect is also in preparation.

W. A. Potts, *Chairman.*
H. Freize Stephens, *Hon. Secretary.*

THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

DR. STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 30TH JUNE, 1925. *CR.*

To	£ s. d.	£ s. d.	By	£ s. d.	£ s. d.
Balances at Bank and in Hand at 30th June, 1924:—			Secretary's Salary and Clerical Assistance	326 19 6	
At Bank	225 0 8		,, Office Rent	14 9 0	
In Hands of Secretary	7 19 5		,, Office Expenses	19 0 6	
		233 0 1	,, Stationery, Printing, Posting, Advertising, &c.	46 14 11	
,, Members' Subscriptions:—			,, Travelling and Miscellaneous Expenses	0 9 0	
Year 1923. 1 Full Member @ £1 1s. 0d. ...	1 1 0				407 12 11
Year 1924. 26 Full Members @ £1 1s. 0d. ...	27 6 0		,, Office Furniture and Equipment ...		3 10 0
do. 8 Associate Members @ 5s. 0d. ...	2 0 0		,, Balances at Bank and in Hand:—		
Year 1925. 154 Full Members @ £1 1s. 0d. ...	161 14 0		At Bank	228 11 10	
do. 28 Associate Members @ 5s. 0d. ...	7 0 0		In hands of Secretary	5 0 10	
		199 1 0			233 12 8
,, Donations		199 4 6			
,, Donations towards Rent of Offices ...		13 8 0			
,, Sale of Articles of Association ...		0 2 0			
		£644 15 7			£644 15 7

PUBLICITY ACCOUNT.

To	£ s. d.	£ s. d.	By	£ s. d.	£ s. d.
Balance at Bank at 30th June, 1924...	33 7 11		Expenditure:—		
,, Balance in hands of Sub-Committee at 30th June, 1924	10 0 0		Publicity Account	19 3 2	
		43 7 11	No. 1 Sub-Committee	4 7 3	
			No. 2 do.	0 15 6	
			No. 3 do.	1 6 6	
					25 12 5
			,, Balances at Bank and in Hand:—		
			At Bank	14 4 9	
			In hands of Sub-Committees ...	3 10 9	
					17 15 6
		£43 7 11			£43 7 11

DR. BALANCE SHEET, 30TH JUNE, 1925. *CR.*

	£	s.	d.		£	s.	d.	£	s.	d.
To Subscriptions Paid in Advance	97	3	0	By Balances at Bank and in Hand :—						
,, Sundry Creditors	7	18	7	General Account	233	12	8			
,, Surplus of Assets over Liabilities	196	9	8	Publicity Account	17	15	6			
								251	8	2
				,, Office Furniture and Equipment (at cost)				50	3	1
	£301	11	3					£301	11	3

COURTAULD THOMSON, *Chairman.*
NORAH M. EYRE, *Secretary.*

We have audited the above Balance Sheet dated 30th June, 1925, together with the accompanying Statements of Receipts and Payments for the year to that date, with the books and vouchers. We have obtained all the information and explanations we have required, and in our opinion the accounts are properly drawn up so as to exhibit a true and correct view of the state of the Council's affairs, according to the best of our information and the explanations given to us, and as shown by the books.

Alderman's House,
Bishopsgate,
London, E.C.2.
August, 1925.

BLACKBURNS, BARTON, MAYHEW & CO.,
Chartered Accountants,
Hon. Auditors.

APPENDIXES.

I.

PRÉCIS OF EVIDENCE GIVEN BEFORE THE ROYAL COMMISSION ON LUNACY AND MENTAL DISORDER.

The Council aims at bringing the treatment of mental disorder into the fold of general medicine. The segregation of cases of mental illness into institutions which are largely divorced from the general hospitals of the country creates the impression that mental illness is something quite different from bodily illness. This divorce in regard to certain types of patients is largely unavoidable, at any rate for the present, but whilst mental hospitals will be necessary there remains a large and most important class of patient for whom at present very little provision is made. Moreover, this class of early, and often recoverable cases, affords the greatest hope of diminishing the incidence of more serious mental disorder, of improving its treatment, and of understanding its causation.

There is, in fact, a world-wide movement in this direction. This view is confirmed by the experience of kindred National Societies for Mental Hygiene and is leading to the formation of clinics or special departments to deal with these patients in connection with general hospitals.

The Council, however, fully realises that such clinics or special departments in general hospitals are not suitable for the treatment of certain forms of mental disorder, by reason of the fact that the majority of such cases are characterised by alteration of conduct of such a nature as to necessitate treatment in special hospitals adapted for the purpose, such as the county and borough mental hospitals.

The subject will be dealt with in the following order:—

(1) Types of patients to be dealt with.
(2) Numbers of patients.
(3) Existing facilities for early treatment for mental disorders.*
(4), (5) and (6) Recommendations for early treatment for mental disorders.
(7) The administration of public mental hospitals.
(8) After care.

(1) TYPES OF PATIENTS TO BE DEALT WITH.

Patients suffering from mental disorder include:—

(*a*) Those cases suffering from mental disorders where the question of certification does not arise. This group includes some patients suffering from neurasthenia, anxiety, neuroses, hysteria, fears, and so on.

(*b*) Those with mental disorder in which the question of certification arises, but which should not necessarily involve certification because they are either willing to submit to treatment or are non-volitional.†

(*c*) Those for whom treatment and care is required, and by whom it is refused and for whom obligatory treatment becomes necessary.

(2) NUMBERS OF PATIENTS NEEDING EARLY TREATMENT.

To gain some idea of the number of those in the early stages of mental disorder needing early treatment it is only necessary to look at:—

(*a*) *The Report of the Board of Control,* which gives the number of those who have finally succumbed and were therefore certified. There were

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* The term "Mental Disorder" is used as suggested in the Memorandum of the British Medical Association, i.e., to include "Grave and mild cases and the very beginning of disorder on the one hand and its latest manifestation on the other."

† "Non-volitional" is a person who does not express unwillingness to submit to treatment. *British Medical Association Memorandum.*

130,334 patients under certificates on January 1, 1924, and 18,934 first admissions in 1923. In the large majority of these cases the certifiable age of the mental disorder was preceded by a period of instability, varying from many years to a few weeks, during which it was impossible to certify, and therefore, as will be shown later, impossible to secure efficient treatment for those unable to pay.

In addition there were 35,413 mental defectives.

(*b*) *The Report of the Commissioners of Prisons* also throws light on this question of numbers needing treatment.

In the year ending March 31, 1923, there were 1,842 prisoners remanded for report on their mental condition in addition to:—

134 certified insane during sentence.
227 found insane on remand.
55 found insane at time of the trial.
71 certified as mentally defective, during sentence.
165 „ „ „ „ on remand.

Thus, in addition to 1,842 persons who gave reason to believe that their mental condition was unsatisfactory, there were:—

416 found to be definitely insane.
236 found to be mentally defective, *i.e.*, 652 with mental abnormality according to the terminology of the *British Medical Association Memorandum.*

These 416 insane persons, for whom there is at present such woefully inadequate provision for treatment, had broken the law while in the incipient or early period of insanity. It is unreasonable to suppose that after the offence they had suddenly leapt into definite insanity from normal health.

It is also probable that a clinic at the general hospitals would have ascertained and notified a considerable percentage of the 236 mental defectives.

Moreover, is it not fair to assume that of the 1,842 persons whose mental condition gave rise to anxiety the majority were in a state of mental instability and had failed to adapt efficiently to life?

The Prison Commissioners quote from a medical report from Birmingham:—"There are mental abnormalities other than certifiable insanity and mental defect which are frequently found among offenders." Again:—"At the present time Courts often have no alternative but prison." Again:—"There can be little doubt that persons suffering from these mental conflicts are liable to be damaged still further psychically by imprisonment without full and proper treatment."

We submit that at present this country is lacking in adequate provision for dealing with this situation and that it is essentially a problem of mental disorder and treatment.

(*c*) *The Registrar General's Return* as to suicides is another indication of instability which emphasizes the numbers requiring, and the need for, early treatment before certification is possible.

Suicides in 1923:—

Men	2,887
Women	1,062
Total	3,949

These also show a want of adaptation which is surely abnormal. With better understanding of mental states and provision of facilities for obtaining help, their number should be lessened.

(*d*) *Police Returns of Attempted Suicides.*

In the last issued returns for 1921 there were 1,461 attempted suicides. This records only those taken into Court, which is, of course, only a fraction of the real number.

(*e*) *Problems such as illegitimacy, dependency, vagrancy, alcoholism,* and so on, are, in our opinion, closely related to these states of minor and early mental disorder and indicative of their wide prevalence, and are in part due to the little treatment available.

(*f*) *The Report of the Chief Medical Officer of the Ministry of Health for* 1923 adds another class of mental sufferers, viz. :—Cases arising as a result of encephalitis lethargica. He states that: " The question of making provision for the special care and treatment of these conditions, more especially the *mental* after-effects of encephalitis lethargica, is under consideration of the Ministry." These mental symptoms, according to the same Report, include:— " Irritability, maniacal outbursts, hebetude, complete change in moral character and self-control, lying and theft, etc." "These symptoms are of all grades of severity; they are usually seen in children or in young adults." The notified cases for 1921, 1,470; 1922, 454; 1923, 1,025; and for the first half of 1924, 3,629.

These numbers appear to be increasing, and the proposed clinics, if established, could help very materially in dealing with these cases, for diagnosis, treatment, and research; thus partly meeting the want which is felt by the Ministry of Health to be urgent.

The statistics given, and the large numbers included under each head, make it clear that the treatment of these cases demands immediate attention.

(3) EXISTING FACILTIES FOR EARLY TREATMENT FOR MENTAL DISORDERS.

The National Council for Mental Hygiene recently sent out a *questionnaire* on facilities for mental treatment to 237 of the more important hospitals and infirmaries in England, Scotland and Wales. One hundred and fifty-nine replies were received; 135 institutions replied that they had no provision of any description for such treatment; 24 more institutions replied in the affirmative to one or more of the questions (14 had provision for out-patients and 6 had provision for in-patients also). Only 5 of the 237 institutions gave replies indicating that their institutions had facilities, even if limited in scope, for the in-patient treatment of cases of early mental disorder.

Besides the above, there is some very limited in-patient provision for early treatment of the poorer classes in special hospitals such as " The Maudsley," " The Lady Chichester Hospital," Brighton, and in some of the wards of hospitals for nervous diseases.

It may be objected that these early cases can be treated by their own doctors, or by some existing institutions. So far as poorer patients are concerned, the objection is unsound. Many doctors cannot spare the time, even if they possess the qualifications, and the Authorities of county and borough mental hospitals are not empowered to admit the patients as voluntary boarders, even if they seek admission.

(4), (5) and (6) RECOMMENDATIONS FOR EARLY TREATMENT FOR MENTAL DISORDERS.

(4) The National Council for Mental Hygiene recommends that skilled treatment for mental disorders in their early stages should be available in clinics belonging to general hospitals or in special institutions.

(*a*) *General Hospitals.*

From many points of view the general hospital, assuming that suitable staff and accommodation are provided, is the ideal institution for many of those patients who need treatment, and not compulsory detention.

(i) The general hospital is the natural place for the patient to go to if not well, and the mentally sick patient is then like any other patient.

(ii) It is in a central available situation.

(iii) It has facilities for consultation with physicians, surgeons, and specialists.

(iv) It has laboratories for exhaustive examination and team work.

(v) Many patients already attend the general hospitals without realising that they are primarily suffering from mental disorder. They will always be found there, helping to swell the chronic section of the out-patient department, as, even when their condition is correctly diagnosed, there exist no means of affording them appropriate treatment. Moreover, these patients may be undermining the mental health of every member of the household in which they live. This is true even of some mild cases and pointed out long ago by Weir Mitchell:—" Wherever you have a nervous girl you will soon have two sick women."

(vi) A department including out-patients and in-patients for these cases should be a special department in charge of a suitably qualified physician, as the eye, ear, skin, and venereal disease departments are already. It should provide facilities for classification and for other special requirements. Such a department would lead to a better grasp of these states by the medical profession as a whole. The interchange of cases between this and the other departments would tend to show that a number of patients, with apparently other complaints, were really suffering from mental disorders. On the other hand, many cases diagnosed as mental would be shown to be due to physical conditions. Our proposal would benefit the medical students where a medical school is attached to a hospital, also the nursing profession, and would lead to a better understanding of mental cases by the public.

(vii) In general hospitals there is at present no need for routine personal visitation of willing or non-volitional patients by any authority. It would, therefore, seem hardly necessary that the cases we are dealing with should be so visited. We feel that there should be no differentiation between this class and any other class of patients in general hospitals. We appreciate that a grant of money by a public body would carry with it the right of supervision.

(*b*) *Special Institutions.*

These are required when and where the general hospital is unwilling or unable to undertake the work. In this case it would be wise that the work should be carried on in buildings completely separate from county and borough mental hospitals. Their organisation should approximate as closely as possible to the voluntary hospital principles, and there should be no compulsory detention.

(5). VOLUNTARY ADMISSIONS.

The Council recommends that voluntary boarders should be allowed in all county and borough mental hospitals.

It finds itself in complete agreement with the *Medico-Psychological Association* and the *British Medical Association* that it is desirable that the voluntary boarder system should be extended to rate-aided institutions, and desires to endorse the arguments which these bodies have set before the Commission.

(6). NURSING HOMES AND PRIVATE CARE.

The Council recommends, with regard to provision for early treatment for those who can pay, that medical practitioners should be allowed to treat willing and non-volitional patients without certificates in registered nursing homes or similar institutions. There is difficulty in obtaining early treatment if a patient be a borderland case or certifiable as insane, and yet the doctor who treats them in his own home, or his nursing home, does so at his peril, unless they are under certificates. He may be prosecuted and fined. Moreover, the doctor is only allowed, even with permission, to take two certified patients, however competent he may be and however anxious other patients may be to place themselves under his care. The same risk is run by the proprietor of any house or home to which patients may wish to go.

Wherever non-volitional cases are received, some form of notification to, or supervision by the Central Authority is, in the opinion of the Council desirable. But the routine personal inspection of patients as opposed to the

inspection of institutions may be detrimental; it should be reduced to a minimum, and should be entirely medical. It is noteworthy that there is no system of supervision of visitation of patients suffering from, say, febrile delirium such as in pneumonia or typhoid, paralytic strokes or comatose states, all of which conditions may render them non-volitional and as unable to protect themselves from inadequate or careless treatment as even the most advanced cases of mental disorder are. To protect all patients, and in keeping with the principle enunciated above of bringing this treatment into line with general medicine, we would urge the registration of all nursing homes under the Ministry of Health. We deprecate any special registration of homes which take willing mental patients simply because their condition is thought to have a mental rather than a physical basis. Under such a system of universal registration of nursing homes of every type abuses can be dealt with by the ordinary process of law, and those patients suffering from mental disorder have the widest choice of where they wish to be treated.

(7). THE ADMINISTRATION OF PUBLIC MENTAL HOSPITALS.

As regards the administration of public mental hospitals the Council feels that hospital methods should be adopted to the fullest extent, but they would not wish it to appear that they think that in many cases this is not so already. They urge that the practice of appointing consultants in general medicine and surgery, and their special branches should be universal throughout public mental hospitals and that the staff of the latter hospitals should be permitted to hold corresponding positions in psychiatry at the general hospitals.

They would also urge that the Central Authority (the Board of Control) should have greater powers to enforce the adoption of such facilities where they do not already exist. They consider that the ordinary medical attendants of patients admitted into mental hospitals should be given every facility for keeping in touch with the progress and treatment of their patients and for collaborating in the treatment whenever possible, in this way patients leaving hospital would, on returning to their homes, be enabled to continue after-treatment assisted by the knowledge and experience thus acquired by the general practitioner.

(8) AFTER CARE.

The Council recognises that in very many cases the recurrence of mental disorder is precipitated by the return to unsuitable home conditions. They consider, therefore, that every assistance and encouragement should be given to after treatment, such as is at present given by the *After Care Association*. They have evidence, in the experience of certain members of the Committee, that where after care is available, permanent mental health is re-established, and, therefore, they urge that the financial authority should generously support any established or recognised organisation which has this after treatment as its function.

To sum up we beg to submit:—

1. That the facilities for early treatment of mental disorder are entirely inadequate.

2. That some idea of the numbers needing treatment can be got from the reports of the Board of Control, the Prison Commissioners, the Registrar General's Return as to suicides, the Police Report of attempted suicides and the Principal Medical Officer's Return as to encephalitis lethargica.

3. That problems such as illegitimacy, dependency, and the prevalence of venereal disease, prostitution, vagrancy, alcoholism, and so on, are closely related to these states of minor and early mental disorder and often caused by them.

4. That there appears to be no just reason for omitting the skilled treatment of these patients on a voluntary basis just as in other diseases.

5. That the facilities afforded to medical students for studying the early cases in hospitals (being the ones met constantly and frequently in their subsequent work) and the examination in this subject, are inadequate.

6. That the patients for which increased facilities are required are those suffering from non-certifiable mental disorder, borderland patients, and willing and such non-volitional patients as do not need compulsory detention.

7. That while admitting that inspection of homes and institutions treating non-volitional cases is necessary this should only be a part of a general system of inspection of all nursing homes.

8. That early treatment should, if possible, be provided for in a special department of a general hospital for the sake of the patients, nurses, and the medical profession.

9. That there is a precedent for rate and State-aided clinics in the venereal disease clinics and that financial assistance either from State funds or local rates would ultimately be an economy in money, time, and labour, and lead to more happiness and less disease. We, therefore, recommend that clinics and other necessary means for treating mental disorders should receive financial support either from the State or local funds, or both.

10. That as regards public mental hospitals:—(*a*) There should be appointed on the staff of these hospitals consultants in general medicine and surgery, and their special branches. (*b*) The Board of Control should have greater power to enforce the adoption of such appointments. (*c*) The patients' own medical attendants should be encouraged to visit them and collaborate with the medical staff as closely as possible.

11. That every assistance and encouragement should be given to after care.

II.

CRIMINAL ASSAULTS ON YOUNG PERSONS.

MEMORANDUM TO THE HOME OFFICE COMMITTEE.

Drawn up by Dr. W. A. Potts and presented on behalf of the Council.

It is being realised more and more that punishment cannot be effective unless it is reformative; for that reason in many cases of crime and misconduct, treatment, and not punishment, is what is required. In support of this statement four facts may be quoted. Firstly, the longer time now spent in the Police Courts in considering cases shows that the Justices understand that study of the individual is necessary, and that rule of thumb methods are inadequate. Secondly, the greater frequency with which the Justices call for special medical examination by an expert show that such investigation is often recognised now as essential. This is confirmed by the steps taken in London, Birmingham, and Bradford to make provision for such examination. Thirdly, the establishment of the Probation System indicates treatment, whenever possible, rather than imprisonment. Fourthly, the Reports of the Prison Commissioners, especially for the last two years, and several books and papers also supply convincing evidence. Witness Dr. Healy's book, "*The Individual Delinquent*," and the paper by Dr. Rees Thomas, the Medical Superintendent of the Rampton State Institution, in the *Journal of Mental Science* for January, 1925.

While it is a matter of controversy how many and which cases should be examined there is no doubt that every case of criminal assault on children should be examined. In support of this reference may be made to the special investigation of Dr. Hamblin Smith, who published in the *Lancet*, March 29, 1924, a paper entitled "The Mental Conditions found in certain sexual offenders." This showed that in a group of one hundred, fifty of whom were convicted of indecent exposure and fifty of indecent assault, eighty-three exhibited definite mental abnormality. Of the fifty convicted of indecent assault fifteen were mentally defective, and seven were suffering from senile degeneration. Although these and the other mental abnormalities observed are definite clinical entities, they cannot be recognised as a rule by ordinary observers, but only by medical practitioners with special experience. No one questions the futility of punishment in the case of the mentally defective and insane; if it is found that the necessary treatment is

sometimes impracticable in prison, it may turn out that a special institution will be required.

Another reason for special medical examination is to pick out those cases of encephalitis lethargica (sleepy sickness) which have not responded to treatment. It is matter of common knowledge that these cases are both numerous and serious. The Ministry of Health have reported a great increase in these cases during the last year. One of the possible consequences of an attack of encephalitis lethargica is a marked change in the moral character, which may lead to criminal conduct.

Evidence as to the necessity for treatment can be furnished in another way. Many of the specialists engaged in dealing with functional mental abnormalities have published accounts of abnormal sex cases where treatment was urgently required, although its necessity had not been realised before. No specialist, however, has described abnormal sex cases which did not require treatment or segregation, and it is doubtful whether any could be found. Dr. W. A. Potts, Psychological Expert to the Birmingham Justices, speaking from personal experience, says he can state that of all the cases of abnormal sexuality that have come to him through magistrates or in the course of practice there was not one that did not require treatment; many have responded well to special treatment and learnt to adjust to ordinary social life.

Again, all those engaged in administering the Mental Deficiency Act, 1913, know that one of the most urgent reasons for dealing with a mental defective is some sexual irregularity.

There is another consideration of grave importance; in cases of criminal assault there is always involved at least one innocent person to whom the consequences may be very serious. Specialists see many such innocent cases with varying consequences; some are so extreme that they actually become insane. Such assaults on little girls are one of the causes of prostitution. The public must be protected from such possibilities. It is not protection to merely fine or imprison the offender, who can only be adequately dealt with when his abnormality is studied and understood. It is hardly necessary to add that the younger the unfortunate victim the more serious may be the consequences.

III.

MEMORANDUM ON THE TREATMENT OF PATIENTS SUFFERING FROM NEUROSES, PSYCHO-NEUROSES AND PSYCHOSES.

By Dr. R. G. Rows and Dr. W. Dallas Ross.

At the meeting of Sub-Committee No. 1, held on October 7, 1924, reports from many hospitals in reply to questionnaires with regard to the existing facilities for the treatment of mental illnesses were considered, and it was suggested that representation should be made to some hospitals that facilities should be provided, and to others that existing facilities should be modified.

The reports received demonstrated how inadequate are the efforts to treat these illnesses. The treatment that will be thought sufficient will naturally vary according to the conception held of mental disturbances, but wherever this type of illness is encountered, similar features were presented, and, allowing for divergencies in detail, it should be possible to formulate a series of principles to act as a basis for common action in dealing with this problem. A great mistake will be made if the statements in the replies to questionnaires are accepted at their face value. A mere "yes" or a statement that the patients suffering from mental illness are treated in an ordinary out-patient department will probably mean that no specific or adequate treatment is provided.

The problem will become easier of solution the more it is recognised that mental illnesses form a part of general medicine and should be ap-

proached as are the ordinary general illnesses of the body. Many general illnesses are admitted to be due to a disturbance of or an interference with the physiological functions of some organs of the body. In dealing with these the first procedure is to attempt to discover the cause and also any weaknesses or peculiar tendencies which should tend to favour the appearance of the disability.

Similarly the majority of mental illnesses are the result of causes which render difficult the adaptation of the patient to his surroundings and which lead to behaviour which is considered to be a-social or anti-social. It must be remembered that the standard according to which this peculiar behaviour is judged is largely a legal or conventional one; the same behaviour when viewed from the biological standpoint will not appear so abnormal. For instance, the man who is unable to mix with those around him, who cannot give attention to usual events, whose thinking is confused and who weeps, who has outbursts of a feeling of revenge without apparent cause, is behaving peculiarly, is a-social and may be classed as suffering from melancholia. But when it is discovered that he is in this condition largely because his wife eloped with another man while he was fighting in France and left the children uncared for, this behaviour can be regarded as a natural result of such a cause. From the legal point of view he is insane, *i.e.*, incapable of taking care of himself and requiring supervision; judged from the biological standpoint, he is overwhelmed by the emotions associated with a past experience which interfere with the functions on which his mental activity depends. In so far as he is dominated by the memory of this incident so that he cannot adapt himself normally to his surroundings he is ill and requires treatment.

The functions disturbed in such a case are those employed in the ordinary routine of life, namely, the capacity to perceive, to think, to feel, to remember, to form free associations, to judge and to react to succeeding stimuli moment by moment. Any cause which can disturb these functions can be the cause of a mental illness and any disturbance of the functions that can prevent the usual adaptation to the environment is in itself a mental illness. The majority of mental illnesses are not severe enough to incapacitate the patient completely or to come under the legal term insanity, but they are sufficient to interfere seriously with the patient's happiness and to be the cause of intense suffering to himself and to others.

The difficulty of the patient is that he is conscious that his mind is disturbed, that he does not perceive clearly, that his thoughts are confused, that his emotional states are exaggerated and out of control, that his power of concentration is more or less seriously impaired, that he forms false judgments and that his reactions are not all suitable to the occasion. All these disturbances may be felt by the patient for a long time before changes in his behaviour become so prominent as to be obvious to those around him.

He has little or no idea why he has so changed that he can no longer control the workings of his own mind. He does not understand that some slight stimulus may repeatedly stir up the memory of a past experience which caused him anxiety and that because of the emotional state aroused with the repeated revival of the memory his mental capacities are disturbed, and may be more or less completely deranged by his mis-directed efforts to regain his self-control. He does not think that this frequent repetition of memory and emotion may lead to the development of a habit of mind which can prevent him from suitably adapting himself to his surroundings.

With regard to many simple physical ailments most people have acquired a few ideas sufficient to prevent any great anxiety appearing. But a mental disability is a mystery to the sufferer and the results which usually attend a mystery follow. In the first place he will become afraid of the condition in which he finds himself and in the second place he will seek for some explanation of the mystery.

During this period his main object is to hide his condition within himself because, ignorant himself of the processes which have caused his disabilities, he fears to lay them before those whom he knows to be equally

ignorant and who may take steps to interfere with his liberty; and frightened at the loss of control of his mental activities he develops a dread of what may happen to him if he is unable to regain control. This added anxiety is of serious importance and is a factor wihch aggravates the illness. Often the fear of insanity and the asylum has to be dealt with before the investigation into the causes of breakdown can be commenced, and it is only when the patient has obtained sufficient insight into the hitherto unrecognised cause of his disturbed mental and physical state that this particularly terrifying fear disappears. Such a dread is largely due to a lack of knowledge of the more simple processes connected with mental activity, and the patient expresses his relief when the processes are explained to him. One patient said, " Now you have explained it seems clear how it all came about."

If the patient is enabled by a simple explanation and with the help of examples to understand that with every experience, pleasant or unpleasant, the human mind appreciates not only that something has happened, but also that a feeling, an emotion, is produced at the same time; if, too, he can be led to see that a similar emotion will accompany the revival of the memory or may appear sometimes without the memory of the incident appearing in consciousness, he may be educated to regard his illness from a fresh point of view. Instead of his thinking that his uncontrollable emotion or confusion is due to some disease of the brain of mysterious origin and which he cannot control and which he fears may progress to a state of insanity he will, under proper psychological instruction, be able to appreciate the relation of cause and effect between certain memories with their attendant emotions and his disturbed periods, and he may also have some hope of overcoming them because these battles are half won when that relation is understood.

It is difficult perhaps to understand this from a purely academic standpoint; an example will make it clear and will suggest a line of treatment. In bringing forward this example it is not to be understood that a complete case is being presented; all that is attempted is to demonstrate that the symptoms which are usually accepted as evidence of mental disorder are only to be understood when by investigation the incidents in the patient's past career which lie behind them are discovered. Symptoms of themselves are of little value except as indicators that the patient is ill and in so far as they suggest lines of investigation and rational means of treatment.

The following case illustrates this point: A man became much distressed when he heard that " Master Robert " had won the Grand National Race, and went out and wept bitterly. This had nothing to do with money transactions, but both he and his doctor were enabled to understand this peculiar conduct after the exposure of a series of incidents in his life. The explanation was as follows:—" Master Robert " was the property of an owner whose father twenty years ago was Colonel of a Hussar regiment in India. The patient, in order to get away from an unhappy home, went into the Army when fourteen years of age. He rose to be Regimental Sergeant-Major of the Hussar Regiment, and, in fact, he did so well that he was recommended for a Commission in the Army, naturally a matter of great pride to him. Just as he expected to come home to take his Commission he had a sunstroke and was invalided out of the Army. As a result of this, not only was there grievous disappointment over the loss of the position which the Commission would have given him, but he had to go out into the world as a civilian without knowledge of any trade by which he could earn a living. After some time he obtained work in an office connected with the Army and again did well; but he hated occupying a civilian post and remained extremely sensitive to any reference to the old regiment.

Great relief was experienced by this man when the reasons for his weeping were discovered and the processes were explained, so that his mind was no longer tormented with the ideas of insanity or disease of the brain. No disease of the brain could have given rise to such a reaction as weeping because a given horse won the Grand National, but the success of " Master

Robert " did act as a stimulus to awaken through a long series of associations the memory of the great disappointment of his life.

But there are many who have suffered from sunstroke who do not weep at the success of a given horse in a special race and, in fact, do not exhibit any serious mental disability at all. It is to be noted also that this officer did twenty years good work after the sunstroke occurred. In every case, therefore, in which a mental incapacity appears after a physical illness it is necessary to seek beyond the bodily disturbance for an explanation of the state of disorder which it appears to have produced. There are behind the immediate cause further factors of a similar disturbing character which form a basis for the actual breakdown, acting, as it were, as predisposing causes. There can be little doubt that the unhappy childhood of this officer which led him to run away from home when fourteen would form such a basis predisposing to a later mental illness.

What, then, are we to say of the sunstroke and the illness which followed it? How are we to regard physical illness in relation to the origin of mental illnesses? This is of great importance from the point of view of treatment. That officer, up to the time that the cause of the weeping was investigated and explained, had thought that all his troubles, mental and physical, were the result of the sunstroke.

Tissue changes in the brain from accident or disease may lead, if sufficiently severe, to a mental incapacity from which complete recovery to sound mental health is impossible, but, even in the presence of permanent pathological tissue changes, considerable and often remarkable improvement in mental health may sometimes be brought about by psycho-therapeutic treatment.

Infective febrile conditions, such as influenza, are apparently responsible for many cases of mental disorder, in the great majority of which there is no evidence to support the idea that the disorder is dependent upon permanent tissue change. Such febrile conditions may so alter the nutrition of the nervous system that the patient's power of control over his mental mechanisms is diminished long enough to institute a habitual disorder of feeling, judgment and outlook which may persist unless rational psycho-therapeutic treatment is given.

It is known that control which has been acquired through the school of experience can be easily disturbed, for instance, by such a simple cause as fatigue or by intoxication or accident. When, therefore, the power over the reactions, and especially over the emotional reactions, is weakened, an opportunity arises for any hitherto more or less successfully combated cause of emotionalism to interfere more seriously with the processes of perceiving, thinking, feeling, judging and reacting; false judgments are then very apt to occur and the patient develops a mental illness. The physical illness cannot be considered the direct cause of the mental disorder. It acts indirectly by altering the nutrition of the nervous system so that distressing ideas and emotions assume an exaggerated influence and prevent an adequate adaptation to all the stimuli received in the course of the daily routine.

Psychological investigation of such mental states reveals that the febrile condition is often only the last factor in bringing about a mental breakdown which may have threatened before, or that it has served to revive by a process of unconscious association the anxieties and morbid sensations experienced with a previous febrile illness of many years before. Psychological investigation also shows that the mental disorder which dates from accidents associated with injuries to the head or to other parts of the body, and often of an extensive physical character, is more often explicable upon a psychological basis than is generally understood by the medical profession and the general public. Such states of mental disorder often yield very satisfactorily to competent psycho-therapeutic treatment, and in the case particularly of patients with head injuries, the relief from anxiety and suffering which psycho-therapeutic treatment affords and the alteration it brings about in the patient's prospects and outlook is immense, since the fear of insanity is peculiarly often present in these patients, the injury to

the skull having lent colour to a false belief that the disturbed state of mind is attributable to irrecoverable injury of the brain.

The profound misconception of the relation between physical and mental disorders by the practising medical profession and by the general public can only be properly appreciated by the trained psycho-therapist whose daily work is to combat the multitudinous variations of physical functions and sensations which originate in cases of mental disturbance and which are aggravated by the irrational suggestions and medicinal and other means of attempted treatment which have been employed in the false belief that these are primary physical disorders.

Sir Humphrey Rolleston, at the Royal Society of Medicine two years ago, suggested that education is the first necessity, and probably it will be admitted by everyone that only through education can any system of preventive medicine be established. The chief aim of all who are interested in the problem of mental illness must be the provision of some means of prevention. Proper consideration of the question of prevention would include a study of sociological factors beyond the scope of these remarks. It is not to be thought that under such complex and often irrational social conditions as exist to-day it will be possible to place a limit on the occurrence of these disabilities, but it will be admitted that education will be a most valuable help if applied seriously and intelligently. It is on education concerning the value of fresh air, of suitable food, of cleanliness, moral as well as physical, that hopes are based for the prevention of tuberculosis, venereal disease and other common disorders, and much can be done for the prevention of mental illnesses by disseminating a knowledge of the avoidable causes and of the processes of mental activity which are disturbed by them.

One of the fields of investigation about which little is known and which is really one of the most important is that of the mental activity of the child. The mental disorders of childhood which are frequently the basis upon which definitely recognised mental illnesses in adult life occurs, are often unrecognised and are seldom attributed or traced by the medical man or by the public to the actual causes which occasion them.

From the beginning of life many children are subjected to mental and physical strain which is capable of interfering with the normal functioning of the nervous system. The manifestations of mental disorder so produced are of the most protean character, includng anxiety, hysterical and obsessional states and states of phantasy and of apparent mental defect. Any of these may yield satisfactorily to treatment which is based on rational understanding of their actiology, provided that there are not unfortunate and insuperable environmental influences at work which cannot be altered or from which the child cannot be removed.

The manifestations of mental disorder in children are multitudinous in every system of the body and every function of the mind. It may lead to such varied symptoms as convulsions, night terrors, choreiform movements, tics, inattentiveness, stammering, somnambulism, headache, bladder, bowel, and cardiac disturbances, perversions of appetite, criminal tendencies, etc. The anxiety states of childhood may be so severe as to occasion acute hallucinations.

By ignorant and foolish mismanagement by parents and teachers or by accidental experiences of various kinds character formation in childhood may be abnormally determined and habits of mind set up which may make a normal adult mental life impossible and render the child unfit to face the later responsibilities and strains of life.

Psychological investigation reveals the childhood experiences which institute a habit of abnormal ideation,emo tionalism, and sensitiveness, of fear or bitterness, of a pathologically intense reaction to anything which suggests injustice, and which account for a lack of self-confidence which makes normal adaptation to environment impossible in childhood and later.

The nervous and wayward child is more often made than born so, and the influence of heredity, as commonly understood in such children, has hitherto been grossly exaggerated by those who have not realised the

enormous importance of environment in the mental development and character formation of children.

Much of this trouble could be avoided if parents, teachers, and doctors were sufficiently educated in the rational management and upbringing of children to avoid gross psychological blunders and to be able to understand and explain the difficulties of the child and to lead him into safer and saner paths. Efforts are being made in this direction in America, where clinics for children under school age are being established, and favourable results are already being obtained. Failure to provide assistance at this early age is an important factor in the appearance of mental illnesses in later life. Everyone who has had to deal with these cases is well aware of this, and it may be said that no case can be considered to have been examined until the history of the early years has been investigated, and therefore no treatment can be adequate until this is done. Mental tests are of little value here—they simply tell us that the deficiency is there.

The first essential for adequate treatment is that it should be carried out by someone who has a special knowledge of the subject. This knowledge cannot be acquired from books, but, as in other branches of medicine, practical experience alone can teach the technique most suitable for the investigation of a case of mental illness. It would be as reasonable to ask a man who has never held a surgical knife to perform an operation, or one who has never used a stethescope to examine a diseased heart, as to entrust the treatment of a mental disturbance to a man who has never examined a case in a thorough physical and psychological manner. The necessary technique is not being taught at the present day and before a national scheme can be organised for this work physicians with adequate knowledge must be available. They do not exist at the present time.

Among those who apply for treatment will be found many whose condition is not serious. Sometimes explanation of the processes underlying mental activities will almost suffice to enable patients to deal with their trouble for themselves. Patients such as these can well be treated in an out-patient department of a hospital, provided that it is directed by a physician who has been adequately trained in the subject. Their difficulty depends largely on a lack of knowledge, and therefore they are unable to reason intelligently in regard to it. But if the necessary explanation is provided for them, not only will they be able to apply it to the immediate occasion, but it will prepare them to deal better with future difficulties which may arise.

It is difficult to decide what types of illness can be satisfactorily treated in an out-patient department of a hospital. So much depends on the causes which have led to the illness and on the home surroundings of the patient. What may appear to the doctor a simple disability may be to the patient insuperable because of the influences to which he is exposed outside. In arranging this matter every effort, consistent with the welfare of the patient, should be made to avoid disturbance of the home and of the means of earning a livelihood. The avoidance of these unfortunate results will best be assured by application for treatment as early as possible; delay can only lead to a further development of the illness. Patients requiring treatment will not delay in applying for it when even they realise that it can be obtained at a general hospital under conditions similar to those governing other patients who go to the same hospital with ordinary physical ailments. The prevailing fear of complaining of a mental illness will then be much diminished.

Temporary removal from home is advisable in many instances, on account of the severity of the mental illness or of disturbing and unsympathetic home conditions. And just as the treatment of the milder cases demands the establishing of a well-equipped out-patient department, so facilities for the reception of those suffering more severely should exist either in a special section of the hospital or in a suitable annexe. It may be objected that the admission of such patients into the hospital will create a disturbing influence, but it is easy to exaggerate fears in a matter of this sort. The disadvantages

arising from the presence of patients of this type would be trifling compared with the beneficial effects on their minds to know that they were in an institution to which no unpleasant stigma was attached, that their illness would be sympathetically examined and treated, and that they were amongst people suffering from similar illnesses in a recovering stage. The realisation of these facts would soon dispel some of their acute anxieties and then the more detailed investigation and treatment could be proceeded with.

It will be evident, therefore, that the replies to the *questionnaires* which have been received cannot be accepted as satisfactory. There is no evidence that men possessing an adequate knowledge of the subject are attached to the various institutions approached and there is little evidence of much serious interest being taken in the treatment of the mental conditions now being considered by this Committee.

It is time that medical schools and examination bodies should awake to the enormous sociological problem that mental disorder presents and to the inadequacy of present-day teaching and methods of mental medicine in dealing with it. The teaching of mental medicine in medical schools is relegated to a position of such secondary importance that the average medical practitioner, special or general, is scarcely better equipped to help the large proportion of his patients who are mentally ill than were his mediæval forefathers as far as trained knowledge of psychotherapy is concerned. The result is that enormous numbers of patients suffering from mental illness of every degree of severity are every day treated by methods which would be rationally applicable only to the physically ill, because the psychological cause or factor in the illness is either unrecognised by the doctor, or because, though he may recognise that he is dealing with a nervous patient, he is not trained to treat that patient by mental means.

The success of many practitioners in treating the sick is due in greater measure than those practitioners may personally realise to the exceptional psychotherapeutic attributes with which they are more or less unconsciously endowed. The comparative failure of other practitioners who may be more academically brilliant is due to a lack of that same endowment. It is time that the inference to be drawn from this commonplace observation should be scientifically appreciated by the medical schools and that teaching based upon modern psychological research should be regularly given to every medical student. It must be admitted that an expert knowledge of psychotherapy sufficient to treat an intricate mental illness is not easy to acquire, but sufficient instruction in the subject could be included in the medical curriculum to enable the general practitioner to treat many minor mental ailments. And he could easily acquire sufficient knowledge to enable him to decide when more expert help was needed, as he is accustomed to decide in other fields of practice. Every teaching hospital should have its psychotherapy department and there should be close touch between that department and the medical and surgical wards and every other department of the hospital; till this is done the wide potentialities of psychological medicine will never be properly recognised.

IV.

PROBABLE CAUSES OF MENTAL DEFECT AND SUGGESTIONS FOR DEALING WITH THEM.

Report by Dr. W. A. Potts and Dr. E. A. Hamilton-Pearson.

The causes of mental defect are not fully known. There is no factor, except possibly mental defect in both parents, which will inevitably be followed by mental defect. In the large majority of cases there is no factor we can point out as the cause, and often only as a possible contributory factor. Yet many records and special observations show that certain factors are found so often in the histories of mental defectives, and are so liable to be followed by disastrous consequences, of which mental defect is

one example, that eradicating them as far as possible would improve the health of the people and diminish the incidence of mental defect.

The two fundamental influences leading to mental defect are heredity and environment, two factors no longer assumed by scientists to be distinct from and independent of each other. Dr. Tredgold, speaking at the Central Association for Mental Welfare Conference at the Central Hall, Westminster, on May 29, 1924, said:—"The fact of the matter is that it is really impossible to separate these two factors, for all growth and development are the resultant of both heredity and environment." Obviously, however, in a limited number of cases one of these influences is so bad that, however favourable the other, mental defect is inevitable, *e.g.*, on the one hand mental defect in both parents, on the other certain forms of encephalitis lethargica occurring in the early years of life.

While a bad heredity is classified as the first factor, it is not mental defect itself that is inherited, but a devitalised germ plasm that is transmitted to the offspring. It follows that although sometimes this devitalisation, if it has existed in previous generations, will be shown by a more or less continuous record of a certain proportion of mental defect, in other families the evidence will take the form of allied conditions, such as dementia præcox, epilepsy, etc. Sometimes the signs of devitalisation may be latent through one or more generations.

Linked up with inheritance of mental defect are the cases of failure of one or more of the endocrine glands (thyroid, etc.). If, as explained above, it is not mental defect itself that is transmitted to the next generation, what is passed on may be inadequacy of one or more of the endocrine glands. But here again we cannot separate heredity and environment. What seems to be an inherited weakness may be due to a toxic environment during foetal life. Syphilis often produces serious effects on the pituitary gland. According to Colonel McGarrison, the chief causes of thyroid failure are toxins. (*The Thyroid Gland.* Part 2. Robert McGarrison. London. Ballière, Tindall and Cox.)

Alcohol in excess has often been classed as a recognised racial poison. Possibly it acts primarily on the ovum and apermatozoon, devitalising them.

Syphilis, as stated above, may injure one or more of the endocrine glands, with secondary results on the central nervous system, but is also a direct nerve poison.

Briefly, all toxins may injure the central nervous system; special prominence must be given to malaria, lead poisoning, and toxæmia of any kind in the early months of pregnancy. Orr and Rows, Lymphogenous Infection of the Central Nervous System, *Brain*, 1914; also various contributions to *Brain* and *Journal of Mental Science* in 1914, 1915, 1917 and 1918, have shown that a mild infection of the mother may have serious consequences to the child. This might be expected when the mother was not robust before; if she is near the borderline a small extra strain may turn the scale.

Special mention must be made of encephalitis lethargica, which may act primarily as a toxin, or secondarily by leaving gross changes in the central nervous system.

Injury at birth may have serious consequences. Dr. Eardley Holland, in an important monograph for the Ministry of Health in 1922, on *The Causation of Foetal Death* (H.M. Stationery Office, 1922), showed that the factor which determined death in most cases of still birth was not syphillis, as has often been suggested, but hurried and unskilled use of the forceps in a vertex presentation; in these cases there was no external injury, but serious injuries in the interior of the brain. Other unfavourable influences, which need not be individually mentioned, may be classified as *slum conditions*. It has often been said that there is as much mental defect in the well-to-do classes as in families living in the slums. So far no definite investigation has been made nto this matter. Accordingly, Dr. Potts is examining the circumstances of a large group of cases to find out the facts, which he will lay before the Committee as soon as possible. In this connection reference must

be made to the interesting paper by Professor E. W. MacBride, F.R.S., on *The Influence of Environment in Producing Inheritable Degenerative Changes*, at the Conference of the Central Association for Mental Welfare, May, 1924. (Report, 3/-.) He explained that the extraordinary abnormalities in gold fish developed by breeders in China do not occur by chance, but are the inevitable result of bad hygiene and deprivation of oxygen in particular. Professor MacBride stated that deprivation of oxygen may cause corresponding abnormalities in the human fœtus, particularly anencephaly, hydrocephaly and mongolism. He put forward rapidly repeated pregnancies as an important factor in mental defect, the mother not having recovered from the toxæmia of the previous pregnancy. In corroboration of this may be cited *Feebleness of Growth*, a book by Dr. Murk Janson, who has collected the records and photographs of several families in which several children came rapidly, one after the other. While the earlier members of such families were normal, the later born showed marked deficiency in weight and stature, and inability to talk or walk till four or five years of age, and other obvious signs of mental defect.

The following, then, may be summed up as unfavourable influences:— Heredity of mental defect, endocrine gland failure, alcoholism, syphilis, toxins, especially malaria, lead poisoning and toxæmia in early pregnancy, encephalitis lethargica, injury at birth, slum conditions, rapidly repeated pregnancies.

To deal with them we advocate segregation of mental defectives, social betterment for the people, education in hygiene, more ante-natal clinics, better obstetrics, temperance reform, and a continued crusade against infectious diseases, especially syphilis and encephalitis lethargica.

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